



OFFICE OF PUBLIC INSTRUCTION

PO BOX 202501
HELENA MT 59620-2501
www.opi.mt.gov
(406) 444-3095
(888) 231-9393
(406) 444-0169 (TTY)

Linda McCulloch
Superintendent

**Application to Participate in
Montana Comprehensive Assessment System (MontCAS)
Test Development Projects**

This is a general application. Please indicate below the project in which you would like to participate.

PROJECT: _____

Please fax your application to Judy Snow at OPI, 406-444-0743. Thank you.

NAME: _____

DATE: _____

JOB TITLE: _____

SCHOOL SYSTEM: _____

SCHOOL NAME: _____

SCHOOL ADDRESS (Including City and Zip Code)

HOME ADDRESS (Including City and Zip Code)

TELEPHONE: School _____ Home _____

EMAIL: School _____

Home _____

I live in excess of 90 miles one way ____ Yes ____ No

If lodging is needed, I prefer a _____ Smoking Room _____ Non-Smoking Room

Please state any special requests or needs here.

Please complete the following sections of this application so that we can match your expertise with projects. Thank you.

<p>Grades in which you have had recent classroom (last 3 years) experience (mark all that apply please.)</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 10</p>	<p>Subjects in which you have had recent classroom (last 3 years) experience (mark all that apply please.)</p> <p><input type="checkbox"/> Reading</p> <p><input type="checkbox"/> Math</p> <p><input type="checkbox"/> Science</p>
<p>Other areas in which you have had recent classroom (last three years) experience (please mark all that apply)</p> <p><input type="checkbox"/> Special Education</p> <p><input type="checkbox"/> Title III Programs</p> <p><input type="checkbox"/> Reading First Grants</p> <p><input type="checkbox"/> With students with Limited English Proficiency</p> <p><input type="checkbox"/> Beta Testing of CRT-Alternate</p> <p><input type="checkbox"/> Field Testing of English Language Proficiency Test</p> <p><input type="checkbox"/> 21st Century Grants</p>	<p>Recent (last three years) roles other than classroom experience (please mark all that apply)</p> <p><input type="checkbox"/> Curriculum Director</p> <p><input type="checkbox"/> School Principal</p> <p><input type="checkbox"/> System Superintendent</p> <p><input type="checkbox"/> County Superintendent</p> <p><input type="checkbox"/> Special Education Director</p> <p><input type="checkbox"/> Title Director</p> <p><input type="checkbox"/> Title III Director</p> <p><input type="checkbox"/> System Test Coordinator</p> <p><input type="checkbox"/> School Test Coordinator</p>

Please FAX this form to Judy Snow at OPI: **406-444-0743**. We are happy to know you are interested in participating and look forward to working with you. We will contact you closer to the scheduled project.

Thank you.